

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1 File Number U - <u>10863</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>JAMES R SHIELDS</u> P O Box, Bldg, Room No, if any _____ Street <u>1124 WHITE Lk. Rd</u> City <u>HIGHLAND</u> State <u>MI</u> ZIP Code + 4 <u>48356</u>	4 Name, file number, and address of labor organization Name <u>Asbestos Workers Local 25</u> Labor Organization File Number <u>012574</u> P O Box, Building and Room Number, if any _____ Street <u>21353 Bridge St</u> City <u>Southfield</u> State <u>MI</u> ZIP Code + 4 <u>48034</u>
5 Position in labor organization <u>Fund TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

James R Shields

On

8-08-05

Date

248-917-6065

Telephone Number

Name of Person Filing <u>JAMES R. SHIELDS</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>LOCAL 25 FRINGE BENEFIT FUNDS</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any <u>SUITE 200</u> Street <u>2075 W. BIG BEAVER RD.</u> City <u>TROY</u> State <u>MI</u> ZIP Code + 4 <u>48064-3446</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>SRA ABOYR</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>TRUSTEE OF FRINGE BENEFIT FUNDS</u> <u>RECEIVED REIMBURSEMENTS FOR</u> <u>CONFERENCE EXPENSES AND TRAVEL</u> <u>EXPENSES</u> 11 b Approximate dollar value of such dealing <u>1830.72</u> 12 a Nature of interest held or income received <u>ALL REIMBURSEMENTS ARE FOR</u> <u>EXPENSES DIRECTLY INCURRED IN</u> <u>MY CAPACITY AS TRUSTEE</u> 12 b Amount <u>SEE ABOVE</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; height: 30px; width: 100%;"></div>